



Client Assessment Form

Thank you so much for your interest in art therapy and counseling from The Center for Resiliency. Please fill out this form to collect important information before the first appointment. If you are under 18 years old, please fill this out with the help of a parent.

Personal Information:

Name: _____

Birthday: _____

Age: _____

Occupation: _____

Address: _____

Home Phone Number: _____

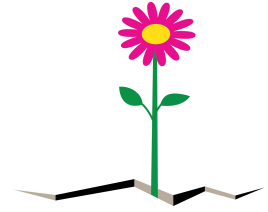
Cell Phone Number: _____

Email: _____

If under 18:

Parent/Guardian(s) Name: _____

Address, phone # and email _____



How did you hear about The Center for Resiliency?

Who referred you?

May I leave an email message? _____

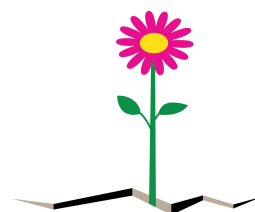
May I leave a phone message? _____ Text? _____

Medical Information:

Past Medical History _____

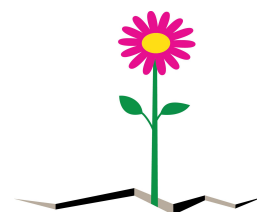
Current medications and dosages (please include supplements):

Please tell me about your therapy goals: _____



What are your expectations for today's session and long-term:

[illegible]



Authorization for Release of Information:

The Center for Resiliency 125 East Central Avenue Pearl River, NY 10954 (917) 863-2084

I authorize The Center for Resiliency to release my protected private medical and health information to the below providers concerning my coordination of care. I understand I can revoke this authorization at any time by providing written notice to The Center for Resiliency.

I authorize Susan Langone, Licensed Creative Arts Therapist at

The Center for Resiliency 125 East Central Avenue Pearl River, NY 10954

to exchange records (provide and receive information) with each other in supervision as well as:

Primary Care Physician:

Name of receiving person, agency or institution _____

Phone Email: _____

Specialty Physician:

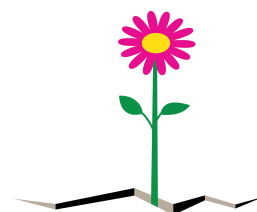
Name of receiving person, agency or institution _____

Phone Email: _____

Art Release Authorization:

I _____ authorize The Center for Resiliency to share my artwork anonymously, for in person viewing and discussion, as well as on social media platforms for educational, motivational and research purposes.

Signature _____ Date _____

**Confidentiality Policy:**

Susan Langone, Licensed Creative Arts Therapist at

The Center for Resiliency 125 East Central Avenue Pearl River, NY 10954

All information disclosed within sessions is confidential. If we see you outside the office (ex. Grocery store, restaurant, etc.) we will respect your privacy and will NOT initiate a conversation. We will exchange information with your team of professionals ONLY by signing the Authorization to Release Information form. Artwork will be shared with other professionals only by signing our Art Release form, as well as if you would like to share your artwork on our website, instagram or in workshops.

Payment Policy:

Payment is expected in full by cash, credit card, or check on the day of the appointment.

Initial appointment (60 minutes): \$250,

Follow up individual (45 minutes): \$200

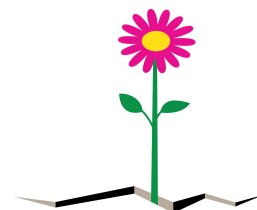
Medical Insurance:

Insurance companies may or may not cover medical art therapy. The Center for Resiliency does not accept insurance payment for sessions. Carefully investigate the “out of network” coverage you have.

Cancellations:

We value and respect your time as a client of The Center for Resiliency. We ask you to do the same in return.

A credit card is required to hold appointments. A 24 hour notice is required to cancel or reschedule an appointment. You can always have a zoom session if you cannot get into the office. You will be charged for the appointment if you do not give 24 hours notice, or do not show up for the appointment. Please note that all cancellations and rescheduling for appointments is preferred by phone and texts, please do not email. WEATHER CANCELLATIONS: We will close the office if local schools are closed and reschedule appointments.



Credit Card Information:

Credit Card Type _____

Name on Card _____

Card # _____

Expiration Date _____

Security Code _____

Billing zip code _____

I have read and understood the above information. I agree to authorize The Center for Resiliency to collect a fee from my credit card account based on the information provided above. No refunds are given under any circumstances. Please keep a copy for your records.

Please sign below to acknowledge you have read and understand The Center for Resiliency's policies.

Client / Parent or Guardian- Please sign and print Date

Client or Guardian Signature

Date

Thank you. The Center for Resiliency is honored to join you on your path to wellness.